

First Responder Evaluator Marking and Grading Criteria

Mutually developed by:

**Paramedic Academy
Justice Institute of British Columbia and the
Emergency Medical Assistant Licensing
Branch**



JUSTICE INSTITUTE
of BRITISH COLUMBIA



EMA Licensing
Corporate Policy, Legislation &
Intergovernmental Affairs
Ministry of Health Services

First Responder Evaluator Marking and Grading Criteria

Paramedic Academy
Justice Institute of British Columbia
New Westminster, BC

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First Responder Evaluator Marking and Grading Criteria

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First Responder Evaluator Marking and Grading Criteria

Purpose

This document will provide First Responder Evaluators marking and grading criteria for conducting the competency-based practical evaluations associated with First Responder certification/licensure and re-licensure. The overarching goal is to establish standardized, fair, and objective evaluations for all First Responder Providers throughout the province.

Background

The administrative system that has been in place for many years for First Responder certification and re-licensure exams had First Responder Instructors acting as “evaluators”. These individuals never had formal evaluator training nor were they allowed to determine whether or not the student passed or failed. These so called evaluators simply captured the student’s performance on a checklist and then these checklists were sent back to either the Paramedic Academy or to the EMA Licensing Branch for marking. This system was not only slow but there were inconsistencies on how practical examinations were administered in the field and it was very difficult to accurately mark a performance-based evaluation by looking at a checklist in an office weeks after the exam had occurred.

The Justice Institute of British Columbia or other authorized training agencies conduct First Responder training and at the end of the training, administer certification evaluations. Based on the results of certification the EMA Licensing Board, which is the regulatory body overseeing all EMA licensing and registration, issues a First Responder license. This license is currently valid for three years. At the end of three years the First Responder Provider must successfully pass a re-licensure evaluation. This re-licensing evaluation is administered solely via the EMA Licensing Branch.

As a First Responder Evaluator you will be required to conduct final practical evaluations for First Responder students vying for initial *certification/licensure* and existing First Responder Providers vying for *re-licensure*.

In addition to being fully cognizant of the content contained in this document, First Responder Evaluators must also be familiar with:

- All First Responder Student and Instructor manuals.
- First Responder Evaluators Training Workshop (FR-ETW) participant manual.

It is recommended that you have this document on hand as a reference while conducting First Responder evaluations.



First Responder Evaluator Marking and Grading Criteria

Mark Deduction System

The First Responder *Practical Evaluation Form* is a standardized form that will be used to capture student performance on certification and re-licensure examinations. This form uses a combination of marking schemes to determine student performance:

Each *Practical Evaluation Form* lists general performance criteria (e.g. the steps of the Primary Survey). The grading criteria contained in this document will allow the Evaluator to mark each criteria item in a standardized manner.

Star Weighting

Performance criteria are weighted either as three star (***) , two star (**), or one star (*).

Three stars represent skills that constitute critical behaviour. Failure to perform such a skill could have life threatening consequences for the patient and/or First Responder Provider.

Two stars represent skills that must be performed to provide accurate assessment of the patient, prevent patient deterioration, or prevent serious injury aggravation. Failure to perform such a skill could have detrimental, but not life threatening consequences to the patient.

One star represent skills that are required to provide optimal patient care. Failure to perform such a skill would pose minor discomfort to the patient or minimally aggravate the injury but not make the injury or condition worse.



First Responder Evaluator Marking and Grading Criteria

Percentage Deductions

Corresponding to each Star Weighting a student can loose percentage points based on the degree of deficiency shown.

Star Weighting	Potential Percentage Deduction			
***	100% - skill is not performed at any time during the evaluation	15% - skill is performed but out of sequence that may negatively affect patient care	5% - skill is performed with minor deficiencies	0% - skill is performed correctly and in a timely manner
**	15% - skill is not performed at any time during the evaluation	5% - skill is performed but out of sequence that may negatively affect patient care	3% - skill is performed with minor deficiencies	0% - skill is performed correctly and in a timely manner
*	5% - skill is not performed at any time during the evaluation	3% - skill is performed but out of sequence	1% - skill is performed with minor deficiencies	0% - skill is performed correctly and in a timely manner

Marks deducted are accumulative throughout the examination. In order to pass a candidate must obtain 70% or more on the written examination, the practical examination, and any endorsement skill stations.



First Responder Evaluator Marking and Grading Criteria

Required practical simulations, required skill stations, and optional skill stations

Practical examination requirements will depend on the qualification level the candidate is vying for. All qualification levels will be required to complete one Practical Simulation that will be randomly selected as per the table below. Again, depending on the qualification level each candidate will be required to complete the appropriate mandatory endorsement skill station(s). FR 2 candidates also have the option to complete the AED endorsement skill station and FR 3 candidates have the option to complete the AED and/or the Spinal endorsement skill stations.

Level	Practical Simulation (random sampling)	Mandatory Endorsement Skill Station(s)	Optional Endorsement Skill Station(s)
FR 1	<ol style="list-style-type: none"> 1. Bleeding/Shock (Trauma) 2. Head injury (Trauma) 3. Chest injury (Trauma) 4. Fracture/Dislocation injury (Trauma) 	<ol style="list-style-type: none"> 1. Pocket Mask 	<ul style="list-style-type: none"> • N/A
FR 2	<ol style="list-style-type: none"> 1. Bleeding/Shock (Trauma) 2. Head injury (Trauma) 3. Chest injury (Trauma) 4. Fracture/Dislocation injury (Trauma) 5. Burns (Trauma) 	<ol style="list-style-type: none"> 1. Pocket Mask 2. Oxygen Therapy 3. Airway Management (OPA/Suction) 4. Breathing Management (Adult, Child, and Infant BVM) 	<ol style="list-style-type: none"> 1. AED
FR3 1.	<ol style="list-style-type: none"> 1. Bleeding/Shock (Trauma) 2. Head injury (Trauma) 3. Chest injury (Trauma) 4. Fracture/Dislocation injury (Trauma) 5. Burns (Trauma) 6. Abdominal injury (Trauma) 7. Smoke inhalation injury (Environmental) 8. Carbon Monoxide poisoning (Environmental) 9. Hypothermia/frostbite emergency (Environmental) 10. Hyperthermia emergency (Environmental) 11. Near drowning emergency (Environmental) 12. Unconscious medical emergency (Medical) 13. Heart attack (Medical) 14. Respiratory emergency (Medical) 15. Stroke emergency (Medical) 16. Diabetic emergency (Medical) 17. OD/Poisoning emergency (Medical) 18. Seizure emergency (Medical) 	<ol style="list-style-type: none"> 1. Pocket Mask 2. Oxygen Therapy 3. Airway Management (OPA/Suction) 4. Breathing Management (Adult, Child, and Infant BVM) 5. Glucose administration 	<ol style="list-style-type: none"> 1. AED 2. Spinal



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Key Performance Outcomes

First Responder Evaluators should focus their assessment on the concept of “outcome-based” candidate performance. Outcome-based candidate performance identifies **key performance** criteria that the candidate must demonstrate to effectively assess, manage, or treat a patient. As opposed to observing and marking each step in a sequential pattern, a broader perspective of the student’s performance is observed. In the classroom students will be **taught** and will be expected to practice all the “steps” in a sequential pattern, however, for **examination** purposes the Evaluator should focus more on the patient treatment outcomes.

The following table summarizes the marking and grading criteria that will be used for First Responder certification/licensure and re-licensure evaluations. To ensure provincial consistency, all First Responder Evaluators must use these marking and grading criteria when determining candidate performance.



First Responder Evaluator Marking and Grading Criteria

Rescue Scene Evaluation

Criteria	Performance Standards/Marking Scheme			
Environment, hazards, and mechanism of injury	<ul style="list-style-type: none"> 5% deduction if candidate does not verbalize or indicate that they are assessing the Rescue Scene 	<ul style="list-style-type: none"> 3% deduction if the candidate performs a RSE but it occurs after they have reached and begun treating the patient 	<ul style="list-style-type: none"> 1% deduction if the candidate does not identify all 3 aspects of the RSE. 	<ul style="list-style-type: none"> 0% deduction if the candidate verbalizes or indicates that they are assessing all 3 aspects of the RSE
Comments: <ul style="list-style-type: none"> If any information is given to the candidate by the evaluator during the preamble (e.g. environment) then no deductions could be taken off for missing it 				

Personal Protective Equipment

Criteria	Performance Standards/Marking Scheme			
Gloves, goggles, and mask	<ul style="list-style-type: none"> 5% deduction if candidate does not verbalize or don PPE 	<ul style="list-style-type: none"> 3% deduction if the candidate verbalizes or dons PPE but it occurs after they have reached and begun treating the patient 	<ul style="list-style-type: none"> 1% deduction if the candidate does not verbalize or don all 3 components of PPE 	<ul style="list-style-type: none"> 0% deduction if the candidate verbalizes or dons all 3 components of PPE
Comments: <ul style="list-style-type: none"> Candidates who wear personal glasses do not need to verbalize or don goggles Candidate only needs to verbalize or don wearing a <u>Mask</u> if the patient has a communicable disease or has the potential for air-borne contamination (e.g. coughing) 				



First Responder Evaluator Marking and Grading Criteria

Primary Survey

Criteria	Performance Standards/Marking Scheme			
<p>Level of Consciousness (AVPU)</p>	<ul style="list-style-type: none"> 15% deduction if candidate does not demonstrate assessing a patient with a decreased LOC using a verbal and painful stimuli at any time during the evaluation 	<ul style="list-style-type: none"> 5% deduction if the candidate demonstrates assessing the patient's LOC but it is out of sequence <u>and</u> it affects negatively on patient care (e.g. – patient is unconscious and needs to be rolled into the Recovery Position but candidate does not assess LOC until they are doing Vital Signs) If assessing the LOC is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. – patient is fully conscious and the candidate assesses LOC after the RBS) 	<ul style="list-style-type: none"> 3% deduction if the candidate assesses LOC but is unsure of how to use the AVPU or unsure of what the letters in the acronym refer to 	<ul style="list-style-type: none"> 0% deduction if the candidate demonstrates assessing the patient's LOC using the AVPU technique 0% deduction if the patient is fully conscious (no decreased LOC – talking appropriately, eyes open spontaneously) and the candidate does not verbalize or demonstrate assessment of LOC
<p>Comments:</p> <ul style="list-style-type: none"> Because the simulated patients may not accurately depict a decreased LOC the evaluator may have to prompt the candidate to demonstrate how he/she would assess LOC. No deductions should be made if the error is caused by the patient The Evaluator may need to cross-reference the Verbal and Written Report to accurately assess the candidate's understanding of AVPU 				



First Responder Evaluator Marking and Grading Criteria

Primary Survey continued...

Criteria	Performance Standards/Marking Scheme			
Delicate Spine	<ul style="list-style-type: none"> 100% deduction if candidate does not initiate C-spine control when indicated by the mechanism of injury or the mechanism of injury is unknown 100% deduction if candidate does not maintain C-spine control until relieved by the ambulance service. 100% deduction if the head/neck/spine are moved significantly prior to C-spine control on a patient who requires C-spine control 	<ul style="list-style-type: none"> 15% deduction if candidate takes C-spine control but it is out of sequence and it <u>may</u> affect negatively on patient care (e.g. – done after RBS but there was no significant movement of head/neck/spine) 	<ul style="list-style-type: none"> 5% deduction if candidate initiates C-spine control but is performed with minor deficiencies (e.g. – elbows not secure, assuming there is no significant head/neck/spine movement because of it) 5% deduction if candidate takes C-spine control on a patient who does not require it (e.g. – a conscious medical patient with no history of trauma) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates C-spine control before progressing to other aspects of the Primary Survey on a patient that requires C-spine precautions or if they rule out spinal injury
Comments: <ul style="list-style-type: none"> C-spine control can be done manually by candidate, delegated to a trained FR assistant, or with sandbags If there is <u>minor</u> head movement while controlling the C-spine no marks should be deducted as it is impossible to keep the head perfectly while packaging a spinal patient If there was inadvertent or momentary release of the head/neck by the candidate no marks should be deducted as long as the head did not move 				



First Responder Evaluator Marking and Grading Criteria

Primary Survey continued...

Criteria	Performance Standards/Marking Scheme			
Airway	<ul style="list-style-type: none"> • 100% deduction if the candidate is unable to demonstrate how to effectively open and maintain an Airway on a patient with airway complications (or potential complications) • 100% deduction if the candidate opens and maintains the Airway on a patient with a compromised airway but there is a significant time delay in doing so (e.g. – an unconscious patient with the tongue blocking the airway and the candidate does not correct the problem until after the Primary Survey) • 100% deduction if candidate determines Airway problems but then does not intervene (This deduction would come under Critical Interventions) 	<ul style="list-style-type: none"> • 15% deduction if candidate opens and maintains the Airway but it is out of sequence and it <u>may</u> affect negatively on patient care (e.g. – done after RBS but there was no significant time delay in opening the Airway) 	<ul style="list-style-type: none"> • 5% deduction if candidate opens and maintains the Airway but it is performed with minor deficiencies (e.g. – wrong hand positioning on head and/or jaw) 	<ul style="list-style-type: none"> • 0% deduction if the candidate demonstrates how to open and maintain a patient with a compromised airway • 0% deduction if the patient is fully conscious (no decreased LOC – talking appropriately, eyes open spontaneously) and the candidate does not verbalize or demonstrate assessment of Airway
<p>Comments:</p> <ul style="list-style-type: none"> • For non-traumatic patients the candidate may use the head/tilt – chin/lift technique • For traumatic patient the candidate must use the jaw-thrust technique • Insertion of an OPA and Suctioning is considered a FR endorsement and is covered in a separate skill station 				



First Responder Evaluator Marking and Grading Criteria

Primary Survey continued...

Criteria	Performance Standards/Marking Scheme			
Breathing	<ul style="list-style-type: none"> 100% deduction if candidate does not fully assess the patient's breathing rate and quality on a patient with absent or ineffective respirations 100% deduction if candidate determines absent or ineffective respirations but then does not intervene (This deduction would come under Critical Interventions) 	<ul style="list-style-type: none"> 15% deduction if candidate assesses and intervenes on a patient with inadequate breathing but it is out of sequence and it <u>may</u> affect negatively on patient care (e.g. – done after a pulse check but there was no significant time delay in assessing the Breathing) 	<ul style="list-style-type: none"> 5% deduction if candidate assesses and intervenes on a patient with inadequate breathing but it is performed with minor deficiencies (e.g. – not putting candidates face near the patient's nose and mouth to look-listen-feel for breathing rate and quality) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates assessment of the patient's breathing rate and quality on a patient with absent or ineffective respirations <u>and</u> intervenes in a timely and effective manner 0% deduction if the patient is fully conscious (no decreased LOC – talking and no obvious breathing difficulties) and the candidate does not verbalize or demonstrate assessment of Breathing
<p>Comments:</p> <ul style="list-style-type: none"> The candidate must look-listen-feel for respirations long enough to determine the rate (less than or greater than 10 breaths per minute) and effectiveness (adequate/inadequate) of respirations If the patient is having difficulty breathing or if chest trauma is suspected and the candidate chooses to expose the chest at this point no deductions should be made Because the simulated patients may not accurately depict decreased or laboured breathing the evaluator may have to prompt the candidate to demonstrate how he/she would assess Breathing. No deductions should be made if the error is caused by the patient 				



First Responder Evaluator Marking and Grading Criteria

Primary Survey continued...

Criteria	Performance Standards/Marking Scheme			
Circulation	<ul style="list-style-type: none"> 100% deduction if candidate does not assess the patient's pulse (radial or carotid) during the Primary Survey 100% deduction if candidate determines absent patient pulses but then does not intervene (This deduction would come under Critical Interventions) 	<ul style="list-style-type: none"> 15% deduction if candidate assesses the patient's pulse but it is out of sequence and it <u>may</u> affect negatively on patient care (e.g. – attempting to find the patient's pulse and it unreasonably extends the completion of the Primary Survey) 	<ul style="list-style-type: none"> 5% deduction if candidate assesses the patient's pulse but it is performed with minor deficiencies (e.g. – not palpating over the correct location) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates assessment of the patient's radial and/or carotid pulse
Comments: <ul style="list-style-type: none"> Because the simulated patients will not accurately depict scenario pulse rates the evaluator must be quick to prompt the candidate with the proper rate as depicted within the scenario when they assess either the radial or carotid pulse. E.g. "Rapid and weak" or "Strong and regular". 				
Rapid Body Survey	<ul style="list-style-type: none"> 100% deduction if candidate does not conduct a RBS during the Primary Survey 	<ul style="list-style-type: none"> 15% deduction if candidate conducts a RBS but it is out of sequence and it <u>may</u> affect negatively on patient care (e.g. – RBS done before Breathing check where there are problems that need to be dealt with in Breathing) 	<ul style="list-style-type: none"> 5% deduction if candidate conducts a RBS but it is performed with minor deficiencies (e.g. – not palpating over the entire body) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates a timely and complete RBS
Comments: <ul style="list-style-type: none"> If candidate determines life threatening conditions during the RBS but then does not intervene the appropriate deduction would come under Critical Interventions A RBS may be conducted verbally or physically (hands-on) depending on the patient presentation, however, any verbal RBS must be thorough and specific to be deemed acceptable. For example, asking specific questions about the head, neck, back, chest, abdomen, pelvis, and extremities All patients with an altered LOC, in significant pain, in shock, with an unknown MOI, with significant trauma, in respiratory distress, experiencing chest pain, or under the influence of drugs/alcohol all require a "hands-on" RBS 				



First Responder Evaluator Marking and Grading Criteria

Primary Survey continued...

Criteria	Performance Standards/Marking Scheme			
Critical Interventions	<ul style="list-style-type: none"> • 100% deduction if candidate determines Airway problems but then does not intervene • 100% deduction if candidate determines absent or ineffective respirations but then does not intervene • 100% deduction if candidate finds life threatening haemorrhage but then does not control the bleeding • 100% deduction if candidate determines life threatening conditions during the RBS but then does not intervene 	<ul style="list-style-type: none"> • 15% deduction if candidate assesses and intervenes on a patient with a life threatening condition but it is out of sequence • 15% deduction if candidate does not expose injuries when conducting the Primary Survey (e.g. not verbalizing that they would cut and expose if they found blood on the RBS) 	<ul style="list-style-type: none"> • 5% deduction if candidate intervenes on all life threatening conditions found during the Primary Survey but they are performed with minor deficiencies (e.g. – unnecessary injury aggravation while applying a pressure dressing) 	<ul style="list-style-type: none"> • 0% deduction if candidate effectively intervenes on all life threatening conditions found during the Primary Survey
<p>Comments:</p> <ul style="list-style-type: none"> • If candidate has to perform more than one Critical Intervention then marks can be deducted for each but this would need to be clearly documented under the Comments section of the Evaluation form • Because the simulated patients may not accurately depict life threatening conditions the evaluator may have to prompt the candidate to demonstrate how he/she would expose and assess injuries/conditions. No deductions should be made if the error is caused by the patient 				



First Responder Evaluator Marking and Grading Criteria

Primary Survey continued...

Criteria	Performance Standards/Marking Scheme			
Patient Position	<ul style="list-style-type: none"> 15% deduction if candidate does not position the patient into the appropriate position at any time during the examination 	<ul style="list-style-type: none"> 5% deduction if candidate positions the patient into the appropriate position but it is out of sequence and it <u>may</u> affect negatively on patient care (e.g. delaying sitting a patient who is dizzy or delaying putting a shocky patient supine) 	<ul style="list-style-type: none"> 3% deduction if the candidate positions the patient into the appropriate position but there are minor deficiencies in the technique (e.g. did not support or assist the patient during any movement) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates positioning the patient in the appropriate position in a timely manner
<p>Comments:</p> <ul style="list-style-type: none"> Recovery position – used for all unconscious medical patients and/or any ongoing Airway maintenance problems (e.g. bleeding or vomit in the Airway) Supine position – used for shocky patients and spinal patients Sitting/Semi-sitting – used for patients short of breath or chest injury patients with no spinal concerns Position of comfort – used for all trauma/medical patients not requiring alternative positioning Because of the nature of the simulation the Evaluator may need to prompt the candidate on patient positioning. For example, on a shocky patient who is left sitting you may state something like “your patient still appears pale and clammy, and is now complaining of being light-headed” If the Airway is not maintained then there would be another deduction under Airway If the candidate rolled a spinal injured patient, with no ongoing airway problems, into the Recovery Position, there would be a deduction under Delicate Spine A patient who requires assisted respirations should not be placed in the Recovery Position 				



First Responder Evaluator Marking and Grading Criteria

Primary Survey continued...

Criteria	Performance Standards/Marking Scheme			
Oxygen Therapy	<ul style="list-style-type: none"> 15% deduction if candidate does not apply oxygen to a patient who requires it 	<ul style="list-style-type: none"> 5% deduction if candidate applies oxygen but it is significantly delayed (e.g. significant delays of greater than 5 minutes from the end of the Primary Survey) 5% deduction if candidate applies the wrong litre flow to the patient (e.g. a patient suffering from SOB but only receives 6 lpm) 	<ul style="list-style-type: none"> 3% deduction if candidate applies oxygen but it is delayed (e.g. applied after the History and Vital Signs) 	<ul style="list-style-type: none"> 0% deduction if candidate applies oxygen in a timely manner to all trauma and medical patients
Comments: <ul style="list-style-type: none"> This criteria item is not applicable for candidates vying for FR Level 1 certification/licensure For candidates vying for FR Level 3 they should apply a non-rebreather mask at 10 lpm for any patients suffering from an inhalation injury Non-traumatic, non-medical, and non-respiratory distress COPD patients should receive 6 lpm The candidate may position the mask beside the patient or around the patient's head but not directly on the patient's face and still be acceptable 				



First Responder Evaluator Marking and Grading Criteria

History

Criteria	Performance Standards/Marking Scheme			
Chief Complaint	<ul style="list-style-type: none"> 15% deduction if candidate does not elicit a C/C at any time 	<ul style="list-style-type: none"> 5% deduction if the candidate elicits the C/C but it was out of sequence <u>and</u> it affects negatively on patient care (e.g. done after Vital Signs and the C/C may have prompted further investigation/intervention before starting Vital Signs If assessing the C/C is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. done part way through Vital Signs) 	<ul style="list-style-type: none"> 3% deduction if the candidate elicits the C/C but with minor deficiencies (e.g. not specifically asking the patient's C/C but does obtain enough information to determine the C/C 	<ul style="list-style-type: none"> 0% deduction if the candidate elicits the C/C from the patient and/or witnesses
Comments: <ul style="list-style-type: none"> If this information is provided by the Evaluator in the Dispatch or Scene information then no deductions can be made if the candidate does not specifically ask 				



First Responder Evaluator Marking and Grading Criteria

History continued...

Criteria	Performance Standards/Marking Scheme			
History of Chief Complaint	<ul style="list-style-type: none"> 15% deduction if candidate does not elicit a Hx C/C at any time 	<ul style="list-style-type: none"> 5% deduction if the candidate elicits the Hx C/C but it was out of sequence <u>and</u> it affects negatively on patient care (e.g. done after Vital Signs and the Hx C/C may have prompted further investigation/intervention before starting Vital Signs If assessing the Hx C/C is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. done part way through Vital Signs) 	<ul style="list-style-type: none"> 3% deduction if the candidate elicits the Hx C/C but with minor deficiencies (e.g. not specifically asking the patient's Hx C/C but does obtain enough information to determine the Hx C/C Using only parts of the PQRST mnemonic 	<ul style="list-style-type: none"> 0% deduction if the candidate elicits the Hx C/C from the patient and/or witnesses
Comments: <ul style="list-style-type: none"> If this information is provided by the Evaluator in the Dispatch or Scene information then no deductions can be made if the candidate does not specifically ask If the candidate chooses not to use the mnemonic PQRST and still elicits a Hx C/C no deductions should be made 				



First Responder Evaluator Marking and Grading Criteria

History continued...

Criteria	Performance Standards/Marking Scheme			
Past Medical History	<ul style="list-style-type: none"> 5% deduction if candidate does not elicit a Past Medical History at any time 	<ul style="list-style-type: none"> 3% deduction if the candidate elicits the Past Medical History but it was out of sequence <u>and</u> it affects negatively on patient care (e.g. done after Vital Signs and the Past Medical History may have prompted further investigation/intervention before starting Vital Signs If assessing the Past Medical History is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. done part way through Vital Signs) 	<ul style="list-style-type: none"> 1% deduction if the candidate elicits the Past Medical History but with minor deficiencies (e.g. obtaining some but not all past history) 	<ul style="list-style-type: none"> 0% deduction if the candidate elicits the Past Medical History from the patient and/or witnesses
Comments: <ul style="list-style-type: none"> 				



First Responder Evaluator Marking and Grading Criteria

History continued...

Criteria	Performance Standards/Marking Scheme			
Medications	<ul style="list-style-type: none"> 5% deduction if candidate does not elicit patient's Medications at any time 	<ul style="list-style-type: none"> 3% deduction if the candidate elicits the patient's Medications but it was out of sequence <u>and</u> it affects negatively on patient care (e.g. done after Vital Signs and the Medications may have prompted further investigation/intervention before starting Vital Signs If assessing the patient's Medications is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. done part way through Vital Signs) 	<ul style="list-style-type: none"> 1% deduction if the candidate elicits the patient's Medications but with minor deficiencies (e.g. obtaining some but not all the medications) 	<ul style="list-style-type: none"> 0% deduction if the candidate elicits the patient's Medication from the patient and/or witnesses
Comments: <ul style="list-style-type: none"> 				



First Responder Evaluator Marking and Grading Criteria

History continued...

Criteria	Performance Standards/Marking Scheme			
Allergies	<ul style="list-style-type: none"> 5% deduction if candidate does not elicit patient's Allergies at any time 	<ul style="list-style-type: none"> 3% deduction if the candidate elicits the patient's Allergies but it was out of sequence <u>and</u> it affects negatively on patient care (e.g. done after Vital Signs and the Allergies may have prompted further investigation/intervention before starting Vital Signs If assessing the patient's Allergies is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. done part way through Vital Signs) 	<ul style="list-style-type: none"> 1% deduction if the candidate elicits the patient's Allergies but with minor deficiencies (e.g. asking about Allergies but then not writing it down on the Patient Care Report) 	<ul style="list-style-type: none"> 0% deduction if the candidate elicits the patient's Allergies from the patient and/or witnesses
Comments: <ul style="list-style-type: none"> 				



First Responder Evaluator Marking and Grading Criteria

Vitals

Criteria	Performance Standards/Marking Scheme			
Level of Consciousness (AVPU)	<ul style="list-style-type: none"> 15% deduction if candidate does not demonstrate assessing a patient with a decreased LOC using a verbal and painful stimuli at any time during the evaluation 	<ul style="list-style-type: none"> 5% deduction if the candidate demonstrates assessing the patient's LOC but it is out of sequence <u>and</u> it affects negatively on patient care If assessing the patient's LOC is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. done part way through History) 	<ul style="list-style-type: none"> 3% deduction if the candidate assesses the patient's LOC but is unsure of how to use the AVPU or unsure of what the letters of the acronym refer to 	<ul style="list-style-type: none"> 0% deduction if the candidate assesses the patient's LOC using the AVPU technique 0% deduction if the patient is fully conscious (no decreased LOC – talking appropriately, eyes open spontaneously) and the candidate does not verbalize or demonstrate assessment of LOC
Comments: <ul style="list-style-type: none"> If the candidate appropriately assesses the patient's LOC during the Primary Survey no marks should be deducted if the candidate failed to assess the LOC again when doing the Vital Signs as long as the patient's condition has not deteriorated. Because the simulated patients may not accurately depict a decreased LOC the evaluator may have to prompt the candidate to demonstrate how he/she would assess LOC. No deductions should be made if the error is caused by the patient The Evaluator may need to cross-reference the Verbal and Written Report to accurately assess the candidate's understanding of AVPU 				



First Responder Evaluator Marking and Grading Criteria

Vitals continued...

Criteria	Performance Standards/Marking Scheme			
Pulse	<ul style="list-style-type: none"> 15% deduction if candidate does not demonstrate assessing the patient's pulse at any time during the evaluation 	<ul style="list-style-type: none"> 5% deduction if the candidate demonstrates assessing the patient's pulse but it is out of sequence <u>and</u> it affects negatively on patient care If assessing the patient's pulse is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. done part way through History) 	<ul style="list-style-type: none"> 3% deduction if candidate assesses the patient's pulse but it is performed with minor deficiencies (e.g. – not palpating over the correct location) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates assessment of the patient's radial and/or carotid pulse and can determine the rate/minute
Comments: <ul style="list-style-type: none"> Because the simulated patients will not accurately depict scenario pulse rates the evaluator must be quick to prompt the candidate with the proper rate as depicted within the scenario when they assess either the radial or carotid pulse If the candidate only states the pulse rate for a 15 second time frame the evaluator should ask the candidate to convert that to a rate/minute 				



First Responder Evaluator Marking and Grading Criteria

Vitals continued...

Criteria	Performance Standards/Marking Scheme			
Respirations	<ul style="list-style-type: none"> 15% deduction if candidate does not demonstrate assessing the patient's respirations at any time during the evaluation 	<ul style="list-style-type: none"> 5% deduction if the candidate demonstrates assessing the patient's respiration but it is out of sequence <u>and</u> it affects negatively on patient care If assessing the patient's respiration is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. done part way through History) 	<ul style="list-style-type: none"> 3% deduction if candidate assesses the patient's respiration but it is performed with minor deficiencies (e.g. – not look, listening, and feeling for breathing) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates assessment of the patient's respirations and can determine the rate/minute
Comments: <ul style="list-style-type: none"> Because the simulated patients will not accurately depict scenario respiration rates the evaluator must be quick to prompt the candidate with the proper rate as depicted within the scenario when they assess either the radial or carotid pulse If the candidate only states the respiration rate for a 15 second time frame the evaluator should ask the candidate to convert that to a rate/minute 				



First Responder Evaluator Marking and Grading Criteria

Vitals continued...

Criteria	Performance Standards/Marking Scheme			
Skin	<ul style="list-style-type: none"> 15% deduction if candidate does not demonstrate assessing the patient's skin colour and temperature at any time during the evaluation 	<ul style="list-style-type: none"> 5% deduction if the candidate demonstrates assessing the patient's skin but it is out of sequence <u>and</u> it affects negatively on patient care (e.g. a patient with heat stroke) If assessing the patient's skin is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence (e.g. done part way through History) 	<ul style="list-style-type: none"> 3% deduction if candidate assesses the patient's skin but it is performed with minor deficiencies (e.g. – assessing skin colour but not temperature) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates assessment of the patient's skin colour and temperature in a timely manner
Comments: <ul style="list-style-type: none"> 				



First Responder Evaluator Marking and Grading Criteria

Ongoing Assessment

Criteria	Performance Standards/Marking Scheme			
ABC's	<ul style="list-style-type: none"> 15% deduction if candidate does not demonstrate re-assessing the patient's ABC's even after evaluator prompting 	<ul style="list-style-type: none"> 5% deduction if the candidate demonstrates re-assessing the ABC's but it is out of sequence <u>and</u> it affects negatively on patient care (e.g. significant time delay on re-assessing a patient with deteriorating breathing) If re-assessing the patient's ABC's is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence 	<ul style="list-style-type: none"> 3% deduction if candidate re-assesses the patient's ABC's but it is performed with minor deficiencies (e.g. not doing a thorough look/listen/feel when re-assessing Breathing) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates re-assessing the patient's ABC's
Comments: <ul style="list-style-type: none"> Because the evaluation is a simulation the evaluator may have to prompt the candidate regarding this criteria item. For example, a question like: "What would you continue to monitor if there was a delay in the arrival of the ambulance?" 				



First Responder Evaluator Marking and Grading Criteria

Ongoing Assessment continued...

Criteria	Performance Standards/Marking Scheme			
Vital Signs	<ul style="list-style-type: none"> 15% deduction if candidate does not re-assess the patient's vital signs at any time during the evaluation 	<ul style="list-style-type: none"> 5% deduction if the candidate demonstrates re-assessing the vital signs but it is out of sequence <u>and</u> it affects negatively on patient care (e.g. there is a significant time delay re-assessing vital signs) If re-assessing the patient's vital signs is not going to affect patient care then <u>no deductions</u> should be made if it is not performed in sequence or every 5 minutes 	<ul style="list-style-type: none"> 3% deduction if the candidate re-assesses the patient's vital signs but they are performed with minor deficiencies (e.g. missing one vital sign) 	<ul style="list-style-type: none"> 0% deduction if the candidate demonstrates re-assessing the patient's vital signs every 5 minutes
Comments: <ul style="list-style-type: none"> Because the evaluation is a simulation the evaluator may have to prompt the candidate regarding this criteria item. For example, a question like: "What would you continue to monitor if there was a delay in the arrival of the ambulance?" 				



First Responder Evaluator Marking and Grading Criteria

Patient Care Report

Criteria	Performance Standards/Marking Scheme			
Verbal report	<ul style="list-style-type: none"> 5% deduction if the candidate cannot demonstrate a verbal hand-off report even after prompting 	<ul style="list-style-type: none"> 3% deduction if the candidate misses significant portions of the hand-off report (e.g. missing three or more of the components of the hand-off report) 	<ul style="list-style-type: none"> 1% deduction if the candidate can demonstrate a hand-off report but it is performed with minor deficiencies (e.g. missing one or two components of the hand-off report) 	<ul style="list-style-type: none"> 0% deduction if the candidate can demonstrate a complete hand-off report (including, if applicable, mechanism of injury, chief complaint, history of chief complaint, vital signs, treatments given, and relevant findings)
Comments: <ul style="list-style-type: none"> Because the evaluation is a simulation the evaluator may have to prompt the candidate regarding this criteria item. For example: “Please provide a verbal hand-off report pretending that I am the arriving ambulance crew” 				

Patient Care Report continued...

Criteria	Performance Standards/Marking Scheme			
Written report	<ul style="list-style-type: none"> 5% deduction if the candidate does not submit a First Responder Report corresponding to the evaluation simulation 5% deduction if the candidate submits a First Responder Report but it is illegible 	<ul style="list-style-type: none"> 3% deduction if the candidate misses significant data fields that are relevant to the simulation (e.g. missing three or more data fields) 3% deduction if the data entered does not match what occurred in the simulation (e.g. medications and allergies don't match between the scenario and the documentation) 	<ul style="list-style-type: none"> 1% deduction if the candidate submits a First Responder Report but it contains minor deficiencies (e.g. missing one or two data fields that are relevant to the simulation) 	<ul style="list-style-type: none"> 0% deduction if the candidate submits a First Responder Report and all relevant data fields are filled in, legible, and accurately depict the information obtained from the simulation
Comments: <ul style="list-style-type: none"> The evaluator may have to remind the candidate to complete the First Responder Report When reviewing the First Responder Report the focus should be on the patient's History (C/C, HxC/C, Past Med. Hx, Medications, and Allergies), Vital Signs, treatments, and relevant findings. There will be some data fields that are irrelevant to the simulation and these do not need to be completed by the candidate 				



First Responder Evaluator Marking and Grading Criteria

Overall Patient Care

Criteria	Performance Standards/Marking Scheme			
Overall patient care	<ul style="list-style-type: none"> 100% deduction if the candidate performs an act that may jeopardize the life of the patient that is not already captured in the major performance criteria (e.g. performing chest compressions on a patient with a pulse) 	<ul style="list-style-type: none"> 15% deduction if the candidate performs an act that could aggravate the patient’s condition or injury that is not already captured in the major performance criteria (e.g. withholding medication or bumping a fractured leg which causes gross movement and pain) 	<ul style="list-style-type: none"> 5% deduction if the candidate performs an act with minor deficiencies that is not listed in the major performance criteria 	<ul style="list-style-type: none"> 0% deduction if the candidate does not perform any acts that would be detrimental to overall patient care
Comments: <ul style="list-style-type: none"> Deductions within this performance criteria should only occur if the candidate’s performance cannot be captured elsewhere Some examples may include: managing shock; burn management; minor bleeding control; and not assisting a patient with his/her medications 				



First Responder Evaluator Marking and Grading Criteria

Pocket Mask Skill Station (Mandatory for FR 1, FR 2, and FR 3)

Criteria	Performance Standards/Marking Scheme			
Wears Personal Protective Equipment	<ul style="list-style-type: none"> 5% deduction if candidate does not verbalize or don PPE 	<ul style="list-style-type: none"> 3% deduction if the candidate verbalizes or dons PPE but it occurs after they have reached and begun treating the patient 	<ul style="list-style-type: none"> 1% deduction if the candidate does not verbalize or don all 3 components of PPE Note: Candidate only needs to verbalize or don wearing a <u>Mask</u> if the patient has a communicable disease or has the potential for air-borne contamination (e.g. coughing) 	<ul style="list-style-type: none"> 0% deduction if candidate verbalizes or dons all 3 components of PPE (gloves, goggles, and mask)
Demonstrates the use of the Pocket Mask	<ul style="list-style-type: none"> 100% deduction if candidate cannot demonstrate the use of the Pocket Mask. E.g. Pocket Mask applied upside down or candidate does not ventilate the patient 	<ul style="list-style-type: none"> 15% deduction if candidate cannot obtain an effective seal 15% deduction if candidate does not demonstrate the appropriate ventilation rate 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates the use of the Pocket Mask but with minor deficiencies. E.g. First Responder Provider's body is positioned awkwardly in relation to the patient's 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates a proper seal and appropriate ventilation rate.
Oral Questions				
States when it is appropriate to use the Pocket Mask	<ul style="list-style-type: none"> 5% deduction if candidate cannot state when it would be appropriate to use a Pocket Mask 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states a Pocket Mask should be used on a patient with "inadequate breathing"
Comments: <ul style="list-style-type: none"> Candidates who wear personal glasses do not need to verbalize or don goggles Ideally candidates should demonstrate on a mannequin. If a mannequin is not available the candidate should describe/demonstrate how to obtain an effective seal on a simulated patient (co-worker) but without actually ventilating into the mask. Not all Pocket Masks have an oxygen port; however the candidate should know that when using the Pocket Mask that, if possible, it should be attached to oxygen (10 lpm). The evaluator may have to ask/prompt the student in this regard The evaluator should observe the candidate ventilating the patient for a minimum of 30 seconds. Candidate should ventilate adult patients at a rate 10 - 12 per minute (+ or - 2 breaths per minute) to be acceptable. Candidate should ventilate child patients at a rate of 12 - 20 per minute (+ or - 2 breaths per minute) to be acceptable 				



First Responder Evaluator Marking and Grading Criteria

Oxygen Therapy (Mandatory for FR 2, and FR 3)

Criteria	Performance Standards/Marking Scheme			
Handles oxygen tank safely	<ul style="list-style-type: none"> 100% deduction if candidate performs any unsafe act while handling the oxygen tank 	<ul style="list-style-type: none"> 15% deduction if candidate requires prompting to handle the oxygen tank safely 	<ul style="list-style-type: none"> 5% deduction if candidate handles the oxygen tank safely but with minor deficiencies (e.g. slow to place oxygen tank in a secure horizontal position while in use) 	<ul style="list-style-type: none"> 0% deduction if candidate securely holds the oxygen tank and directs the oxygen outlet away from themselves while “cracking” the tank and always has the oxygen tank in a secure position while in use (e.g. horizontal)
Assembles oxygen tank regulator appropriately	<ul style="list-style-type: none"> 15% deduction if candidate is unable to assemble the regulator to the oxygen tank 	<ul style="list-style-type: none"> 5% deduction if candidate assembles the regulator to the tank but with major deficiencies (e.g. candidate fails to place a gasket between regulator and tank stem) 	<ul style="list-style-type: none"> 3% deduction if candidate assembles the regulatory but with minor deficiencies (e.g. candidate is unsure of which way to turn the valve to open it) 	<ul style="list-style-type: none"> 0% deduction if candidate assembles the regulator to the tank appropriately
Oral Questions				
States when it is appropriate to apply oxygen	<ul style="list-style-type: none"> 5% deduction if candidate cannot state when it would be appropriate to apply oxygen 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “all trauma patients” and “all medical and respiratory patients”
States what litre flow would be used	<ul style="list-style-type: none"> 5% deduction if candidate cannot state what litre flow would be used 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “10 lpm” with the exception of a non-traumatic non-medical non-respiratory COPD patients who would receive 6 lpm”
Comments: <ul style="list-style-type: none"> Oxygen is applied when using the BVM but the candidate does not need to mention this to be given the correct marks when answering the oral questions 				



First Responder Evaluator Marking and Grading Criteria

Airway Management (Mandatory for FR 2, and FR 3)

Criteria	Performance Standards/Marking Scheme			
Wears Personal Protective Equipment	<ul style="list-style-type: none"> 5% deduction if candidate does not verbalize or don PPE 	<ul style="list-style-type: none"> 3% deduction if the candidate verbalizes or dons PPE but it occurs after they have reached and begun treating the patient 	<ul style="list-style-type: none"> 1% deduction if the candidate does not verbalize or don all 3 components of PPE Note: Candidate only needs to verbalize or don wearing a <u>Mask</u> if the patient has a communicable disease or has the potential for air-borne contamination (e.g. coughing) 	<ul style="list-style-type: none"> 0% deduction if candidate verbalizes or dons all 3 components of PPE (gloves, goggles, and mask)
Measures and inserts OPA appropriately (see Comments on next page)	<ul style="list-style-type: none"> 100% deduction if candidate is unable to measure and insert an OPA 	<ul style="list-style-type: none"> 15% deduction if candidate measures and inserts an OPA but with major deficiencies (e.g. obvious wrong size OPA) 	<ul style="list-style-type: none"> 5% deduction if candidate measures and inserts an OPA but with minor deficiencies (e.g. not using the angle of the jaw as a point of reference) 	<ul style="list-style-type: none"> 0% deduction if candidate measures and inserts an appropriately sized OPA
Removes OPA appropriately (see Comments on next page)	<ul style="list-style-type: none"> 15% deduction if candidate is unable to remove the OPA appropriately 	<ul style="list-style-type: none"> 5% deduction if candidate removes the OPA but with major deficiencies (e.g. removes it by reverse of how it was inserted) 	<ul style="list-style-type: none"> 3% deduction if candidate removes the OPA but with minor deficiencies (e.g. done roughly) 	<ul style="list-style-type: none"> 0% deduction if candidate appropriately demonstrates the removal of the OPA
Suctions the oral cavity appropriately	<ul style="list-style-type: none"> 100% deduction if candidate is unable to demonstrate the use of the suction device 	<ul style="list-style-type: none"> 15% deduction if candidate demonstrates the use of suction but with major deficiencies (e.g. Placing the suction beyond the oral cavity) 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates the effective use of suction but with minor deficiencies. 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates the effective use of suction



First Responder Evaluator Marking and Grading Criteria

Airway Management (Mandatory for FR 2, and FR 3) continued....

Oral Questions				
States when its appropriate to insert OPA	<ul style="list-style-type: none"> 5% deduction if candidate cannot state when it would be appropriate to insert an OPA 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “on all unconscious patients”
States when its appropriate to use suction	<ul style="list-style-type: none"> 5% deduction if candidate cannot state when it would be appropriate to use suction 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “to remove secretions and other debris in a patient who is unable to protect his/her own airway”
<p>Comments:</p> <ul style="list-style-type: none"> The candidate must verbalize or demonstrate that they would insert the OPA along the roof of the mouth and then rotate the OPA 180 degrees when it reaches the back of the oral cavity. Because most CPR mannequins will not accommodate an OPA, candidates may need to be prompted to demonstrate this manoeuvre overtop of the simulated patient or mannequin To remove the OPA the candidate must demonstrate or describe that they would gently pull it directly out and down following the natural curve of the mouth 				



First Responder Evaluator Marking and Grading Criteria

Breathing Management (Mandatory for FR 2, and FR 3)

Criteria	Performance Standards/Marking Scheme			
Wears Personal Protective Equipment	<ul style="list-style-type: none"> 5% deduction if candidate does not verbalize or don PPE 	<ul style="list-style-type: none"> 3% deduction if the candidate verbalizes or dons PPE but it occurs after they have reached and begun treating the patient 	<ul style="list-style-type: none"> 1% deduction if the candidate does not verbalize or don all 3 components of PPE Note: Candidate only needs to verbalize or don wearing a <u>Mask</u> if the patient has a communicable disease or has the potential for air-borne contamination (e.g. coughing) 	<ul style="list-style-type: none"> 0% deduction if candidate verbalizes or dons all 3 components of PPE (gloves, goggles, and mask)
Demonstrates Adult BVM appropriately	<ul style="list-style-type: none"> 100% deduction if candidate cannot demonstrate the use of the BVM. E.g. Mask applied upside down or candidate does not ventilate the patient 	<ul style="list-style-type: none"> 15% deduction if candidate cannot obtain an effective seal 15% deduction if candidate does not demonstrate the appropriate ventilation rate 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates the use of the Adult BVM but with minor deficiencies (e.g. Wrong hand positioning on the BVM) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates a proper seal and appropriate ventilation rate and volume
Demonstrates Child BVM appropriately	<ul style="list-style-type: none"> 100% deduction if candidate cannot demonstrate the use of the BVM. E.g. Mask applied upside down or candidate does not ventilate the patient 	<ul style="list-style-type: none"> 15% deduction if candidate cannot obtain an effective seal 15% deduction if candidate does not demonstrate the appropriate ventilation rate 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates the use of the Child BVM but with minor deficiencies (e.g. Wrong hand positioning on the BVM) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates a proper seal and appropriate ventilation rate and volume
Demonstrates Infant BVM appropriately	<ul style="list-style-type: none"> 100% deduction if candidate cannot demonstrate the use of the BVM. E.g. Mask applied upside down or candidate does not ventilate the patient 	<ul style="list-style-type: none"> 15% deduction if candidate cannot obtain an effective seal 15% deduction if candidate does not demonstrate the appropriate ventilation rate 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates the use of the Infant BVM but with minor deficiencies (e.g. Wrong hand positioning on the BVM) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates a proper seal and appropriate ventilation rate and volume



First Responder Evaluator Marking and Grading Criteria

Breathing Management (Mandatory for FR 2, and FR 3) continued...

Oral Questions				
States how to determine the proper size BVM	<ul style="list-style-type: none"> • 5% deduction if candidate cannot state how to determine the proper size BVM 	<ul style="list-style-type: none"> • 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question (e.g. was only able to state 1 out of 3) 	<ul style="list-style-type: none"> • 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question (e.g. was only able to state 2 out of 3) 	<ul style="list-style-type: none"> • 0% deduction if candidate states the following (note the candidate can either state “age” or weight” but does not need to state both): <ul style="list-style-type: none"> ○ Infants (0-1 year of age) use the Infant BVM. ○ Children (1 – puberty) use the Child BVM. ○ Adults use the Adult BVM. ○ Infants (under 7 kilograms) use the Infant BVM. ○ Children (between 7 and 30 kilograms) use the Child BVM. ○ Children/Adults (over 30 kilograms) use the Adult BVM.



First Responder Evaluator Marking and Grading Criteria

Breathing Management (Mandatory for FR 2, and FR 3) continued...

Comments:

- Candidates who wear personal glasses do not need to verbalize or don goggles
- Ideally candidates should demonstrate on a mannequin. If a mannequin is not available the candidate should describe/demonstrate how to obtain an effective seal on a simulated patient (co-worker) but without actually ventilating into the mask.
- The evaluator may have to ask the candidate what litre flow would be used (15 lpm) and to describe how to charge the reservoir bag (pull it apart and/or plug the face mask opening).
- How the candidate achieves an effective seal is irrelevant.
- If a candidate is using a mannequin the evaluator should observe the candidate ventilating the patient for a minimum of 30 seconds. The evaluator may have to ask/prompt the candidate to actually demonstrate the skill.
- Candidate should ventilate adult patients at a rate 10 - 12 per minute (+ or - 2 breaths per minute) to be acceptable.
- Candidate should ventilate child patients at a rate of 12 - 20 per minute (+ or - 2 breaths per minute) to be acceptable.
- Candidate should ventilate infant patients at a rate of 12 - 20 per minute (+ or - 2 breaths per minute) to be acceptable.
- Not all CPR mannequins will respond (chest rising) to effective ventilations. The evaluator should focus on technique rather than what is happening with the CPR mannequin.



First Responder Evaluator Marking and Grading Criteria

Oral Glucose Administration (Mandatory for FR 3 only)

Criteria	Performance Standards/Marking Scheme			
Wears Personal Protective Equipment	<ul style="list-style-type: none"> 5% deduction if candidate does not verbalize or don PPE 	<ul style="list-style-type: none"> 3% deduction if the candidate verbalizes or dons PPE but it occurs after they have reached and begun treating the patient 	<ul style="list-style-type: none"> 1% deduction if the candidate does not verbalize or don all 3 components of PPE Note: Candidate only needs to verbalize or don wearing a <u>Mask</u> if the patient has a communicable disease or has the potential for air-borne contamination (e.g. coughing) 	<ul style="list-style-type: none"> 0% deduction if candidate verbalizes or dons all 3 components of PPE (gloves, goggles, and mask)
Ensures unconscious patients are $\frac{3}{4}$ prone	<ul style="list-style-type: none"> 100% deduction if candidate administers Glucogel while the patient is in the supine position and leave the patient in the supine position 	<ul style="list-style-type: none"> 15% deduction if candidate administers Glucogel and then immediately rolls the patient $\frac{3}{4}$ prone 	<ul style="list-style-type: none"> 5% deduction if candidate positions the patient $\frac{3}{4}$ prone but with minor deficiencies 	<ul style="list-style-type: none"> 0% deduction if candidate positions the patient $\frac{3}{4}$ prone prior to administering Glucogel
Administers Glucogel appropriately	<ul style="list-style-type: none"> 15% deduction if candidate does not know how much Glucogel to administer and the time frame for administration 	<ul style="list-style-type: none"> 5% deduction if candidate administers Glucogel but with major deficiencies. E.g. Administers 30 or more ml of Glucogel at one time 	<ul style="list-style-type: none"> 3% deduction if candidate administers Glucogel but with minor deficiencies. E.g. Administers two doses of Glucogel less than 3 minutes apart 	<ul style="list-style-type: none"> 0% deduction if candidate administers two doses of 15 ml of Glucogel 3-5 minutes apart in the patient's lower cheek, while continuing monitoring the patient's airway
Oral Questions				
States how much glucose should be administered	<ul style="list-style-type: none"> 5% deduction if candidate cannot state how much Glucogel should be administered 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate can state "Two doses of 15 ml of Glucogel 3-5 minutes apart"
Comments:	<ul style="list-style-type: none"> 			



First Responder Evaluator Marking and Grading Criteria

AED (Optional for FR 2 and for FR 3)

Criteria	Performance Standards/Marking Scheme			
Environment, hazards, and mechanism of injury	<ul style="list-style-type: none"> 5% deduction if candidate does not verbalize or indicate that they are assessing the Rescue Scene 	<ul style="list-style-type: none"> 3% deduction if the candidate performs a RSE but it occurs after they have reached and begun treating the patient 	<ul style="list-style-type: none"> 1% deduction if the candidate does not identify all 3 aspects of the RSE. 	<ul style="list-style-type: none"> 0% deduction if the candidate verbalizes or indicates that they are assessing all 3 aspects of the RSE
Comments: If any information is given to the candidate by the evaluator during the preamble (e.g. environment) then no deductions could be taken off for missing it				
Gloves, goggles, and mask	<ul style="list-style-type: none"> 5% deduction if candidate does not verbalize or don PPE 	<ul style="list-style-type: none"> 3% deduction if the candidate verbalizes or dons PPE but it occurs after they have reached and begun treating the patient 	<ul style="list-style-type: none"> 1% deduction if the candidate does not verbalize or don all 3 components of PPE 	<ul style="list-style-type: none"> 0% deduction if the candidate verbalizes or dons all 3 components of PPE
Comments: <ul style="list-style-type: none"> Candidates who wear personal glasses do not need to verbalize or don goggles Candidate only needs to verbalize or don wearing a <u>Mask</u> if the patient has a communicable disease or has the potential for air-borne contamination (e.g. coughing) 				
Demonstrates CPR/AED protocol	<ul style="list-style-type: none"> 100% deduction if candidate cannot demonstrate CPR/AED See Comments section for key performance CPR/AED criteria 	<ul style="list-style-type: none"> 15% deduction if the candidate demonstrates CPR/AED but it is out of sequence <u>and</u> it affects negatively on patient care. E.g. Rate of compressions is significantly slower than 100/minute 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates effective and timely CPR along with the safe administration and correct sequencing of the AED protocol but with minor deficiencies. E.g. Candidate assessed breathing and pulse separately as opposed to simultaneously 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates effective and timely CPR along with the safe administration and correct sequencing of the AED protocol See Comments section for key performance CPR/AED criteria)



First Responder Evaluator Marking and Grading Criteria

AED (Optional for FR 2 and for FR 3) continued...

Overall patient care	<ul style="list-style-type: none"> 100% deduction if the candidate performs an act that may jeopardize the life of the patient or First Responder that is not already captured in the major performance criteria (e.g. pressing “shock” while someone is doing chest compressions) See Comments section for key performance criteria 	<ul style="list-style-type: none"> 15% deduction if the candidate performs an act that could aggravate the patient’s condition or injury that is not already captured in the major performance criteria See Comments section for key performance criteria 	<ul style="list-style-type: none"> 5% deduction if the candidate performs an act with minor deficiencies that is not listed in the major performance criteria See Comments section for key performance criteria 	<ul style="list-style-type: none"> 0% deduction if the candidate does not perform any acts that would be detrimental to overall patient care See Comments section for key performance criteria
Patient Care Report (Verbal)	<ul style="list-style-type: none"> 5% deduction if the candidate cannot demonstrate a verbal hand-off report even after prompting 	<ul style="list-style-type: none"> 3% deduction if the candidate misses significant portions of the hand-off report (e.g. missing three or more of the components of the hand-off report) 	<ul style="list-style-type: none"> 1% deduction if the candidate can demonstrate a hand-off report but it is performed with minor deficiencies (e.g. missing one or two components of the hand-off report) 	<ul style="list-style-type: none"> 0% deduction if the candidate can demonstrate a complete hand-off report (including, if applicable, mechanism of injury, chief complaint, history of chief complaint, vital signs, treatments given, and relevant findings)
Patient Care Report (written)	<ul style="list-style-type: none"> 5% deduction if the candidate does not submit a First Responder Report corresponding to the evaluation simulation 5% deduction if the candidate submits a First Responder Report but it is illegible 	<ul style="list-style-type: none"> 3% deduction if the candidate misses significant data fields that are relevant to the simulation (e.g. missing three or more data fields) 3% deduction if the data entered does not match what occurred in the simulation (e.g. AED shock don’t match between the scenario and the documentation) 	<ul style="list-style-type: none"> 1% deduction if the candidate submits a First Responder Report but it contains minor deficiencies (e.g. missing one or two data fields that are relevant to the simulation) 	<ul style="list-style-type: none"> 0% deduction if the candidate submits a First Responder Report and all relevant data fields are filled in, legible, and accurately depict the information obtained from the simulation



First Responder Evaluator Marking and Grading Criteria

AED (Optional for FR 2 and for FR 3) continued...

Criteria	Performance Standards/Marking Scheme			
Oral Questions				
Defines cardiac arrest	<ul style="list-style-type: none"> 5% deduction if candidate cannot define cardiac arrest 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “the patient is unconscious and has no pulse” or “the patient is not breathing and has no pulse”
States the indications and contra-Indications for the AED	<ul style="list-style-type: none"> 5% deduction if candidate cannot state the AED indications and contraindications 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “the AED is indicated for a patient in cardiac arrest but contraindicated for infants under 1 year of age; patients with a DNR/No CPR order; obvious death (e.g. decomposition, decapitation); or patient has been conclusively submerged in water greater than 60 minutes
Describe how the AED works and the rationale for its use	<ul style="list-style-type: none"> 5% deduction if candidate cannot state how the AED works and the rationale for using it 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “The AED is programmed to analyze the heart’s electrical activity or rhythm, and decide whether an electric shock would help. It then builds up an electric charge according to a preset protocol, and delivers the charge to the patient when you push the button. The rationale is to convert abnormal heart rhythms back to a normal rhythm”



First Responder Evaluator Marking and Grading Criteria

AED (Optional for FR 2 and for FR 3) continued...

Comments:

When assessing CPR/AED the Evaluator should focus on the following key performance standards:

- Compressing at a rate of 100 times per minute
- Ensuring the proper depth of compressions
- Allowing the chest to recoil after each compression
- Limiting interruptions in chest compressions
- Rescue breaths should be given over 1 second and should produce a visible chest rise
- Multi-tasking assessing LOC, Airway, Breathing, and Circulation to save time
- Candidate should ventilate adult patients at a rate 10 - 12 per minute (+ or - 2 breaths per minute) to be acceptable.
- Candidate should ventilate child patients at a rate of 12 - 20 per minute (+ or - 2 breaths per minute) to be acceptable.
- Candidate should ventilate infant patients at a rate of 12 - 20 per minute (+ or - 2 breaths per minute) to be acceptable.
- Compressions should be 4 – 5 cm in depth for adults or approximately 1/3 to 1/2 the depth of the chest for infant/child
- Compression-to-ventilation ratio should be:
 - 1 – rescuer for adult, child, and infant is 30:2
 - 2 –rescuer 10:1 with no pause in compressions for adult and 15:2 for child and infant
- Candidate should stop compressions for AED analysis
- Candidate should reassess pulse during AED analysis
- If shock is advised the candidate should do CPR while the AED is charging
- All “shocks” are followed by 2 minutes of CPR
- All “no-shocks” with no pulse are followed by 2 minutes of CPR
- Candidate ensures that the compressor visually and verbally states “clear” prior to shocking the patient with the AED
- For adult witnessed arrests the application of the AED takes precedent over CPR
- Candidate should demonstrate (or verbalize) that they would switch compressors every 2 minutes
- Not all CPR mannequins will respond (chest rising) to effective ventilations. The evaluator should focus on technique rather than what is happening with the CPR mannequin.



First Responder Evaluator Marking and Grading Criteria

Spinal (Optional for FR3 only)

Criteria	Performance Standards/Marking Scheme			
Demonstrates manual or temporary stabilization of head	<ul style="list-style-type: none"> 15% deduction if candidate does not demonstrate manual or temporary stabilization of the head See Comments section for key performance criteria 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates manual or temporary stabilization of the head but with <u>major</u> deficiencies. E.g. While placing sandbags beside the patient's head the head was moved 	<ul style="list-style-type: none"> 3% deduction if candidate demonstrates manual or temporary stabilization of the head but with <u>minor</u> deficiencies. E.g. Elbows not secure but there was no head/neck movement 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates the effective and safe use of temporary (i.e. sandbags) or manual stabilization of the head See Comments section for key performance criteria
Demonstrates appropriate spinal roll	<ul style="list-style-type: none"> 15% deduction if candidate does not demonstrate an appropriate spinal roll (e.g. gross movement of head during the roll) See Comments section for key performance criteria 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates a spinal roll but with <u>major</u> deficiencies (e.g. Poor communication between First Responder Providers that caused inefficiencies during the roll) 	<ul style="list-style-type: none"> 3% deduction if candidate demonstrates a spinal roll but with <u>minor</u> deficiencies (e.g. body not moved as a unit and there is minor head movement) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates an effective spinal roll See Comments section for key performance criteria
Demonstrates helmet removal	<ul style="list-style-type: none"> 15% deduction if candidate cannot demonstrate helmet removal See Comments section for key performance criteria 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates helmet removal but with <u>major</u> deficiencies (e.g. Caused significant patient discomfort while removing the helmet) 	<ul style="list-style-type: none"> 3% deduction if candidate demonstrates helmet removal but with <u>minor</u> deficiencies (e.g. Caused minor discomfort to the patient while removing the helmet) 	<ul style="list-style-type: none"> 0% deduction if candidate demonstrates an effective helmet removal See Comments section for key performance criteria
Demonstrates aligning head into neutral position	<ul style="list-style-type: none"> 15% deduction if candidate cannot demonstrate aligning head into the neutral position See Comments section for key performance criteria 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates aligning head into neutral position but with <u>major</u> deficiencies (e.g. Head appears to be hyperextended) 	<ul style="list-style-type: none"> 3% deduction if candidate demonstrates aligning head into neutral position but with <u>minor</u> deficiencies (e.g. Patient's head is slightly off centre) 	<ul style="list-style-type: none"> 0% deduction if candidate effectively demonstrates aligning the head into neutral position See Comments section for key performance criteria



First Responder Evaluator Marking and Grading Criteria

Spinal (Optional for FR3 only) continued...

Demonstrates sizing and fitting of a hard collar	<ul style="list-style-type: none"> 15% deduction if candidate cannot demonstrate sizing and fitting a hard collar See Comments section for key performance criteria 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates sizing and fitting a hard collar but with <u>major</u> deficiencies (e.g. Head not being supported while applying collar) 	<ul style="list-style-type: none"> 3% deduction if candidate demonstrates sizing and fitting of a hard collar but with <u>minor</u> deficiencies (e.g. Applying collar over jewellery) 	<ul style="list-style-type: none"> 0% deduction if candidate effectively demonstrates the sizing and fitting of a hard collar See Comments section for key performance criteria
Demonstrates appropriate spinal grips	<ul style="list-style-type: none"> 15% deduction if candidate cannot demonstrate appropriate spinal grips See Comments section for key performance criteria 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates spinal grips but with <u>major</u> deficiencies (e.g. Using the wrong grip given the circumstances) 	<ul style="list-style-type: none"> 3% deduction if candidate demonstrates spinal grips but with <u>minor</u> deficiencies (e.g. Elbows not secure but there was no head/neck movement) 	<ul style="list-style-type: none"> 0% deduction if candidate effectively demonstrates appropriate spinal grips See Comments section for key performance criteria
Demonstrates securing patient to a ROS or Spine Board	<ul style="list-style-type: none"> 15% deduction if candidate cannot demonstrate securing a patient to a ROS or Spine Board See Comments section for key performance criteria 	<ul style="list-style-type: none"> 5% deduction if candidate demonstrates securing a patient to a ROS or Spine Board but with <u>major</u> deficiencies (e.g. Strapping is too loose or too tight) 	<ul style="list-style-type: none"> 3% deduction if candidate demonstrates securing a patient to a ROS or Spine Board but with <u>minor</u> deficiencies (e.g. Strapping is not adequately padded) 	<ul style="list-style-type: none"> 0% deduction if candidate effectively demonstrates securing a patient to a ROS or Spine Board See Comments section for key performance criteria
Overall patient care	<ul style="list-style-type: none"> 100% deduction if the candidate performs an act that may jeopardize the life of the patient or First Responder that is not already captured in the major performance criteria (e.g. opening a patient's airway using the head/tilt – chin/lift on a potential spinal injury patient) See Comments section for key performance criteria) 	<ul style="list-style-type: none"> 15% deduction if the candidate performs an act that could aggravate the patient's condition or injury that is not already captured in the major performance criteria See Comments section for key performance criteria) 	<ul style="list-style-type: none"> 5% deduction if the candidate performs an act with minor deficiencies that is not listed in the major performance criteria See Comments section for key performance criteria) 	<ul style="list-style-type: none"> 0% deduction if the candidate does not perform any acts that would be detrimental to overall patient care See Comments section for key performance criteria)



First Responder Evaluator Marking and Grading Criteria

Spinal (Optional for FR3 only) continued...

Criteria	Performance Standards/Marking Scheme			
Oral Questions				
Describe the function and structure of the spine	<ul style="list-style-type: none"> 5% deduction if candidate cannot describe the function and structure of the spine 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “the spine is made up of 33 vertebrae and its functions include support, flexibility, and protection of the spine”
State the Mechanism of Injury that could cause spinal injury	<ul style="list-style-type: none"> 5% deduction if candidate cannot describe the mechanisms of injury that could cause spinal injury 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “mechanism of injury that can cause spinal injury include: flexion, extension, shearing, forward flexion with rotation, compression, and penetration”
State the Signs and Symptoms that would indicate a potential spinal injury	<ul style="list-style-type: none"> 5% deduction if candidate cannot state the signs and symptoms that would indicate a potential spinal injury 	<ul style="list-style-type: none"> 3% deduction if candidate requires <u>major</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 1% deduction if candidate requires <u>minor</u> prompting or clarification to answer the question 	<ul style="list-style-type: none"> 0% deduction if candidate states “ History of a mechanism of injury that could lead to spinal injury; spinal pain without movement; spinal pain with movement; loss of sensation or paralysis; spinal deformity; significant head injury; priapism; impaired breathing; and any decreased level of consciousness associated with trauma”



First Responder Evaluator Marking and Grading Criteria

Spinal (Optional for FR3 only) continued...

Comments:

When assessing Spinal skills the Evaluator should focus on the following key performance standards:

- Because of various shapes and sizes of First Responder Providers and patients the Evaluator should focus on “outcome” rather than specific steps or body positions when assessing spinal management
- Candidate should follow the principle of “stable to unstable”. E.g. Anchor their elbows before touching the head
- When removing a helmet minimal head movement is acceptable. During helmet removal, Evaluators should focus on outcome rather than specific steps or procedures
- When using a Modified Trapezius Grip the candidate should roll the patient towards the arm that is squeezing the trapezius muscle
- Candidate must ensure that control of the head/neck is maintained throughout any spinal management procedures and that minimal head/neck movement occurs at any time
- When positioning the head into the neutral position the candidate should position the patient’s head so that the eyes are starting straight ahead along a line perpendicular to the axis of the body. This positioning can be subjective so as a guideline the head should not appear hyperextended or hyperflexed
- Once a patient is positioned in the Neutral Position candidate should ensure the head remains in this position
- Candidate must ensure that a properly sized Hard Collar is applied to a spinal injury patient as soon as it is practical. How the candidate sizes the collar is not critical as long as it fits the patient. Determining if the Hard Collar is the correct size is subjective but as a guideline the patient’s head/neck should not be hyperextended and the patient’s chin should be aligned near the edge of the Hard Collar.
- The collar should be snug and straight. This is a subjective determination but as a guideline the Hard Collar should appear tight on either side of the neck and chin area and the Hard Collar should align equally under the ears and the chin area should be near the midline of the chest. Slight misalignment is still acceptable
- Before securing a spinal injury patient to a ROS or Spine Board a Hard Collar must be applied
- When securing a spinal injury patient to a ROS or Spine Board, the body must be secured before the head. Determining if the patient is adequately secured is subjective, as a guideline all body/head straps and/or taping should appear tight
- Any time a patient has a Hard Collar applied and then is moved onto a spinal immobilization device the candidate must ensure the Hard Collar is still fitting properly, and if not, adjust accordingly